

**REMARKS**

In response to the Office Action of August 24, 2004, Applicant respectfully requests reconsideration. Via this amendment, Applicant has placed the claims into a condition the Examiner has indicated as allowable.

Claims 1-30 were previously pending in this application. The disposition of the claims in the Office Action is unclear. The Office Action indicates that claim 16 is rejected and claims 1-15 and 17-29 are objected to as being dependent upon a rejected base claim, but would be allowable if added to the rejected independent claim. The Office Action does not address claim 30. In addition, claims 1, 20, and 23 are independent, and claims 2-15, 21, 22, and 24-29 depend from claims that are not rejected in the Office Action.

Applicant contacted the Examiner on September 9, 2004, seeking clarification with respect to the disposition of the claims. The Examiner indicated that she intended to indicate that claims 1-15 and 20-30 are allowed and that only claims 17-19 are objected to based on their dependency from rejected claim 16, but would be allowable if rewritten in independent form.

Claim 16 is cancelled herein and claims 17 and 19 have been rewritten in independent form. Claim 18 depends from claim 17, as amended, and is patentable for at least the same reasons. Thus, all claims remaining in the application are allowed or indicated as allowable and a Notice of Allowance is respectfully requested. Applicant is planning to file a continuation application to continue to pursue the subject matter of cancelled claim 16, which Applicant continues to believe is patentable.

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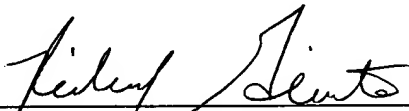
**CONCLUSION**

A Notice of Allowance is respectfully requested. The Examiner is requested to call the undersigned at the telephone number listed below if this communication does not place the case in condition for allowance.

If this response is not considered timely filed and if a request for an extension of time is otherwise absent, Applicant hereby requests any necessary extension of time. If there is a fee occasioned by this response, including an extension fee, that is not covered by an enclosed check, please charge any deficiency to Deposit Account No. 23/2825.

Respectfully submitted,

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